

Amanda A. Abel

Town Dickeyville County Baltimore MARYLAND

Died at 1902 Month 2 Day 16 Y. M. D. Age 32-4 X Native of Md Occupation Weaver

~~Main~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Frederick C. Abel Mother's Name Emmie Abel

Cause of Death { Primary Peritonitis Immediate

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Charles L Boyd

Address Dickeyville Baltimore Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Barton

Town
ParktonCounty
Balt

MARYLAND

Died at

1902

Date 1902

Month

Day

2-10

Y.

M.

D.

Age

76

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

~~Married~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3-

Husband

of

Wife

Father's

Name

Cause of

Primary

Scurvy

10

How long sick

2 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

R. E. Morris

Address

Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79708



Lebalon 7 Barbours

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 28

Age

60 5 22

Bats 6

Hearinger

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Orliah Barbours

Father's

Name

~~Mother's~~

Maiden Name

Alice Ann Barbours

Cause of

Primary

Pericarditis

How long sick

6 days

Death

Immediate

Heart failure~~Accident, Suicide, Homicide~~

Reported by

Samuel S. Everhart M.D.

Address

Hampton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Miss M E

J. L.

93

Benjamin Beard

Town

County

Died at

Towson

Balto.

MARYLAND

Date *1902* Month *2* Day *22* Age *1* Y. *6* M. *-* D. *-* Native of *US* Occupation *Infant*

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living ~~0~~

Husband of

Wife

Father's

Name

Jno. H. Beard

Mother's

Name

Ella Matthews

Cause of

Primary

Whooping Cough

How long sick

10 days

Death

Immediate

Cerebral

~~Accident, Suicide, Homicide~~

Reported by

Address

J. Peyton Green M.D.
Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town *Rivertown*

County

Betty

MARYLAND

Date 19

62

Month

Day

Feb 15

Y.

M.

D.

Age

99

Native of

md

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~Number of children living *one*

Husband of

Wife

Father's

Name

William Betty

Mother's

Maiden Name

William wooden

Cause of

Primary

How long sick

Death

Immediate

Old age 54

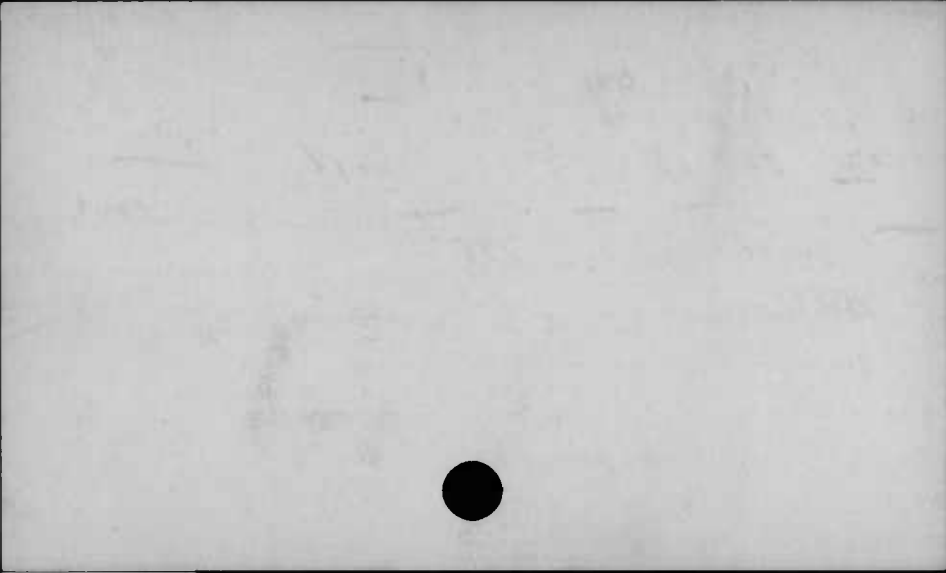
Accident, Suicide, Homicide

Reported by

Address

E. D. Betty
Rivertown md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1892

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

Michael Belzold

Town

County

Calverton

Baltimore

MARYLAND

Month Day

9 2 Feb 9

Y.

71

M.

D.

Native of

Germany

Occupation

Labourer

Age

Married

Widow

Divorced

Widower

Number of children living 4

Husband

of

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

Primary *Angina Pectoris* 80

Immediate

How long sick *Said Sudden*

Accident, Suicide, Homicide

D. C. L. Matzkeff. Health Officer



Alice Billingslea

Town

County

Died at

Baldwin

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 2

Age 46-11-8

Maryland Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widows

Number of children living one

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Luther Billingslea

Thomas Cook

Sarah Ringole

Cause of

Primary

Cancer

Death

Immediate

Lingering

How long sick

40 months

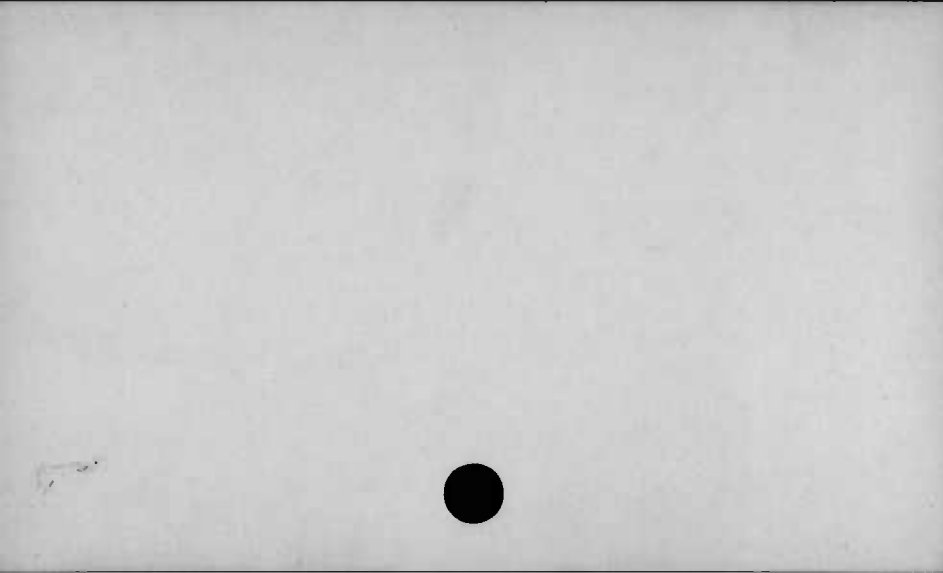
Accident, Suicide, Homicide

Reported by

Address

J S Baldwin, et al
Baldwin Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

P. J. Brummelsee

Town *Brunswick* County *Balto* MARYLAND

Died at

Date 1902 *2* *23* Month Day Y. M. D. *79* Age *Germany* Native of *Retired* Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Mary J. Brummelsee*

Wife

Father's Name *?* Mother's Name *?*

Cause of Death { Primary *Pneumonia* Immediate *Exhaustion* } How long sick *Chronic* Accident, Suicide, Homicide

Reported by *Geo. W. Hoelting*

Address *14 St. Balto.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Baltimore Cemetery

A. Sander,

Mary Feachen Brommelsch

Town

County

Died at

MARYLAND

Date 19 02 Month 2 Day 15 Age 70.1. Native of Germany Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 1.

Husband of P.H. Brommelsch.

Wife

Father's Name ? Mother's Maiden Name 6

Cause of Death { Primary Pneumonia, 93
Immediate Exhaustion, 93

How long sick 2 weeks.

Accident, Suicide, Homicide

Reported by Geo W. Hocking, M.D.

Address Sta. N. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband
of
WifeFather's
NameMother's
Name

Cause of

Death


Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: *Ella A Brown*
 Town: *Highland Thistle* County: *Baltimore* MARYLAND
 Date: *1902* Month: *July* Day: *13* Y.: *6* M.: *13* D.: *13* Native of: *Me* Occupation:
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living:

Cause of Death: Primary Immediate *convulsions* *71*
 How long sick: *One week*
 Accident, Suicide, Homicide

Reported by: *Wm B Rogers and*
 Address: *Elm St at*  *Me*



Name in Full

Certificate of Death

Ernest M Bewersdorf

Town

County

Died at

Catoonsville

MARYLAND

Date 1903

Month Day

Feb 15

Y.

M.

D.

Name of

Occupation

Age

42

Germans Gardeners

Male

White

Married

Widow

Divorced

Widower

Number of children living

2

Husband of

Wife

Dorothea Bewersdorf

Father's

Mother's

Name

Name

Cause of

Primary

Carbolic Acid

155

How long sick

Death

Immediate

Poisoning

~~Accident, Suicide, Homicide~~

Reported by

W. E. Hagle Coroner

Address

Hyslop Manufacturing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clarence Blackburn

Town

County

Died at

Hamilton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 27

Age

17 4

Labor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Robt. Black

Mother's

Maiden Name

Cause of

Primary

Pneumonia 93

How long sick

1 week

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Eugene S. Swhart - m. a

Address

Hamilton / Beato Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Entered at
Hiss Court

Geo W. H. H. H.
underlock

John Wesley James Brown
 Town *Shawhan* County *Baltimore* MARYLAND

Died at *Shawhan* *Baltimore* MARYLAND

1902
 Date 189 *Feb 24* Month *Feb* Day *24* Y. *43* M. *—* D. *—* Native of *Maryland* Occupation *Labourer*

Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *3*

Husband of *Susan Brown*
 Wife *Susan Brown*

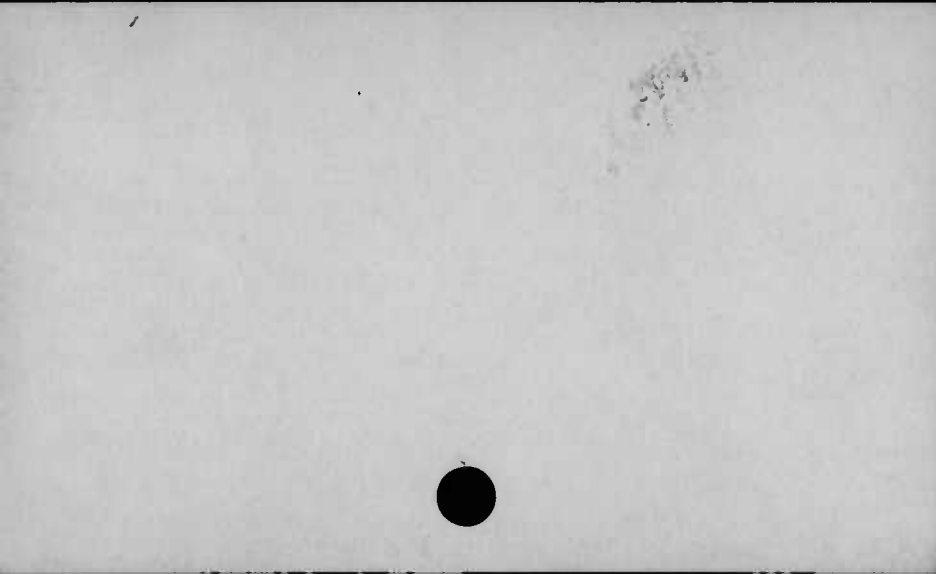
Father's Name *Abraham Brown* Mother's Name *Matilda Brown*

Cause of Death { Primary *Degeneration of blood vessels.* How long sick *—*
 Immediate *Death paralysis.* Accident, Suicide, Homicide *—*

Reported by *Dr J E Benson* *X54*

Address *Brookysville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Brown

Town

County

MARYLAND

Died at

Baynsville

Balto Co

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 19

Age

93-9-

Md

Domestic

Male

White

~~Marrd~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wm. Brown

154

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old Age - Gen. Debility

How long sick

Several Months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Lingard Whiteford, M.D.

Address

Parkville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Family lot
at Baynesville

Name
in
Full1942
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fork</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>2</i>	Day	<i>26</i>
Age		<i>74</i>	Years	Months	<i>✓</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto Co</i>
Married, Single or Widowed		Occupation <i>Retired -</i>			
Name of Wife or Husband		<i>Ansair Burston</i>			
Father's Name		<i>✓</i>			
Mother's Maiden Name		<i>✓</i>			
Name of person giving information		<i>✓</i>			
		Father's Birthplace		<i>Balto Co</i>	
		Mother's Birthplace		<i>✓</i>	
		How related to deceased		<i>✓</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>heart-disease 79</i>	How long	<i>✓</i>
Immediate	<i>Same -</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr. F. H. Gosnell M.D.</i>	
		Address	
		<i>Fork -</i>	
Accident or Suicide?		<i>see over</i>	

The card is issued
to cover Removal
of the said decedent.
on March 27. 1903

From original Resting place
Waukeg Cemetery Battleground
To Fox Cemetery

Battleground - Ind - for
which permit - was issued
to Geo Arthur undertaker

Geo Arthur

Registrar of Dist.

Battleground -

Name In Full

Certificate of Death

Name In Full *Susan J. Burton.* Town *Lark* County *Baltimore* MARYLAND
 Died at *Lark* Month *Feb.* Day *14* Y. *62* M. *62* D. *62* Native of *Md.* Occupation *Farmers*
 Date *1902* *Feb.* *14* Age *62* *Md.* *Farmers*
~~Male~~ *Female* ~~White~~ *White* ~~Married~~ *Widow* ~~Overseer~~ *Widow*
 Number of children living *Four*
~~Husband~~ of *James Burton*
 Wife *James Burton*
 Father's Name *Phillips* Mother's Name *Elizabeth Phillips*
 Cause of Death { Primary *Peritonitis,* How long sick *one week*
 { ~~Immediate~~ *116 OVER* Accident, Suicide, Homicide
 Reported by *Dr. John S. Green.*
 Address *Sittings* *Balto, Co., Md.,*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

John S. Green

of

Hittings, Md.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

William Burton

Died at

Date

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

1902 Feb. 23

Age

74

Married

~~Widow~~~~Divorced~~

Retired

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

- Susan Burton

Name

Name

Primary

Immediate

James F. H. Grouch M.D.

Fork Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William F. Cagler

133

Died at Hallettsville

County

Baltimore

MARYLAND

Date 1902 Feb. 4

Month

Day

Age 23

Y.

M. D.

Native of

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

• Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

1 week

Death

Immediate

Pneumonia and Exhaustion

Accident, Suicide, Homicide

Reported by

Frank H. Rubel M.D.

Address

Lanodowne Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant

Town

County

MARYLAND

Died at

Long Green

Baltimore

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb.

6

Age

-

-

1

Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

Jennio W. Carter

Mother's

Maiden Name

Grace Smith

Cause of

Primary

Immediate

Unknown

151

How long sick

Accident, Suicide, Homicide

Reported by

Slade Bros. Co. Undertakers

Address

Long Green Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Peter J. Carney

Town

County

Died at Mt Hope Retreat Balto

MARYLAND

Date 19 02 Month 2 Day 25 Age 45 Y. M. D. Native of Md Occupation Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary Paralysis - R. Hemiplegia - 2 wks.

Death Immediate Exhaustion -

How long sick

~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery MD

Address Mt Hope Retreat Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73864



William Clark

Town

County

Died at *Thomson**Bacon*

MARYLAND

Died *1902* Month *2* Day *13* Y. *51* M. *51* D. *51* Native of *Maryland* Occupation *Merchant*
 Date *189* *2* *13* Age *51*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *1*

Husband
of
Wife

Father's
Name *William Clark*

Mother's
Name *Albina C. Clark*

Cause of Death { Primary *Paralysis* *64* How long sick *3 years*
 Immediate *Apoplexy* Accident, Suicide, Homicide

Reported by *William C. E. Hyslop*

Address *Penrose* *Med*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William A. Cor-

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2nd 13

Age

44 - - Conn.

Clerk.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Locomotor Ataxia

How long sick

abt one year

Death

Immediate

Ex

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Houck Hope Regnier Balto Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Cook

Town

County

Died at

MARYLAND

Date

Month

Day

Age

Y.

M.

D.

Native of

Occupation

902 Feb. 24 39

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

two

Husband

of

Wife

Father's

Name

Deborah Cook
Alexander Cook

Mother's

Name

Maria Cook

Cause of

Primary

Tuberculosis

How long sick

About 7 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Alex H. Hensley
578 W. Biddle St. Baltimore County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Penelope C. Cooper

Town

County

Prenon

Baltimore

MARYLAND

Died at

Date 1902

Month

Day

2

20

Age

Y.

M.

D.

71. 6. 10

Native of

md

Occupation

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Abraham B Cooper

Wife

Father's

Name

George Algire

Mother's

Maiden Name

68

Cause of

Primary

How long sick

3 mo

Death

Immediate

Mania

Accident, Suicide, Homicide

Reported by

Jas. H. Wilson, M.D. per Q.A.
Baltimore, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Creagh
 Town St Agnes County Hospitals

Died at

MARYLAND

Date 1902 Feb 21-1902 Month Day Y. M. D. Age 53 Native of Occupation Laborer

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary Pulmonary Tuberculosis Chronic
 Immediate Asthma Accident, Suicide, Homicide

Reported by

Address

Warren K. French M.D.
 St Agnes Hospitals

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79823



Name in Full

Certificate of Death

John J. Curry.
 Town *Shum's Point* County *Bullo.* MARYLAND
 Died at
 Date 1902 *Feb. 15* Month *Feb.* Day *15* Age *37* Y. M. D. Native of *Ind.* Occupation *laborer*
 Male ~~Female~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Sing.~~ ~~Widow~~ Number of children living *None*

Husband of *Martha Parker*
 Father's Name *Robt Curry* Mother's Maiden Name *C. Owens*
 Cause of Death { Primary *Pneumonia* 93 How long sick *4 days*
 { Immediate *Pneumonia* ~~Accident, Suicide, Homicide~~

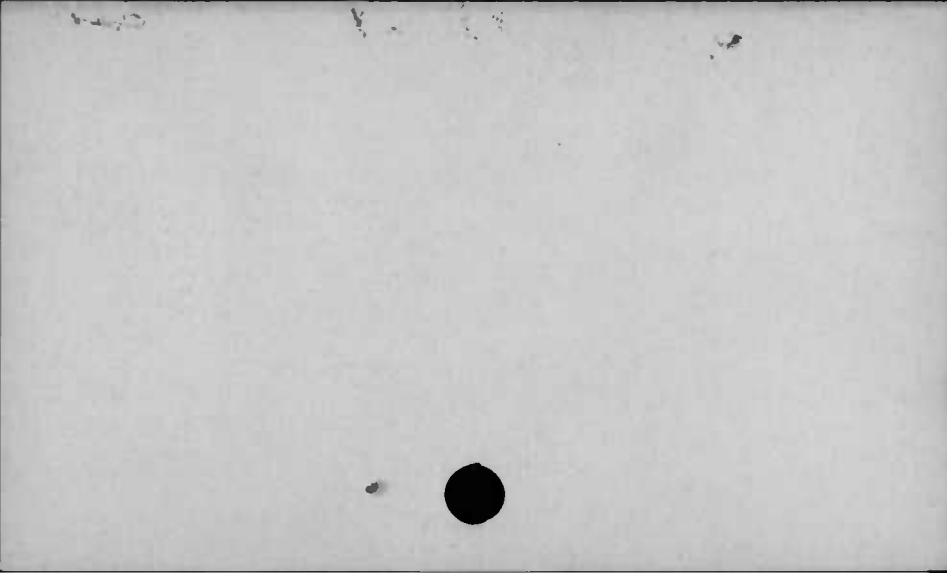
Reported by

Frank E. Eldred M.D.

Address

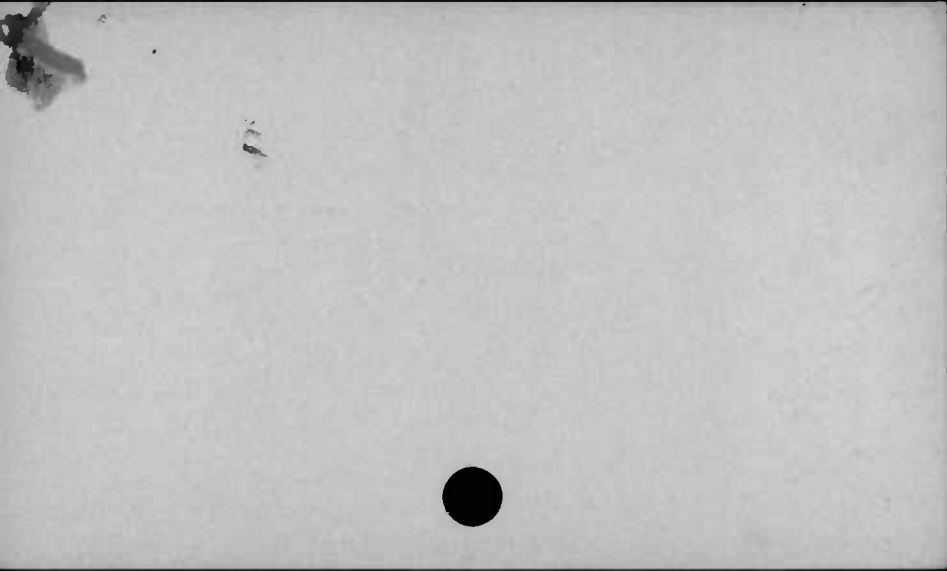
Shum's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full **Henry H Dennis**
 Town **Arlington** County **Baltimore** MARYLAND
 Died at **Arlington** **Baltimore**
 Date 1902 **2** **2** Month Day Age **62** Y. M. D. Native of **N. Y.** Occupation **Horse Trainer**
 Mela **White** Married **Widow** Divorced **Widow**
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **2**
 Husband of **Unknown**
 Wife **Unknown**
 Father's Name **Unknown** Mother's Maiden Name **Unknown**
 Cause of Death { Primary **Phthisis** Immediate **Exhaustion** } How long sick **Six months**
27 ~~Accident, Suicide, Homicide~~
 Reported by **Edwin E. Jones**
 Address **Arlington Maryland.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ann Mahala Duce

Town

County

Died at Fairview

Bath

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	2	28	45	5	10	Pa	Housewife
Male	White	Married	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	one

Husband of John Duce

Father's Name J. S. Baker

Mother's Maiden Name

E. Glover

Cause of	Primary	How long sick
Death	Immediate Heart disease	Suddenly
		Accident, Suicide, Homicide

Reported by Jas. H. Wilson M.D.

Address Gouthabury Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Elner
Town

County

Died at Barton Balto MARYLAND

Date 19 67
Month 27 Day Y. M. D. Native of Occupation
Male White Married 45- England Painter
Female Colored Single Widower Number of children livingHusband of Dont Know
Wife
Father's Name
Mother's Name
Maiden Name 172Cause of Death { Primary Drowning
Immediate
How long sick
Accident, Suicide, HomicideReported by John Muller
Address Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Howard Marion Firor

Town

County

Died at

Shawan

Balto

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

3

Age

1

Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Howard Firor

Mother's

Name

Clara Firor

Cause of

Primary

Imperfect closure of foramen ovale

How long sick

Death

Immediate

A. E. lectasis

Accident, Suicide, Homicide

Reported by

H. Orack M.D.

Address

Butler Ford

150

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79299



Name in Full

Certificate of Death

Mary E. R. Fleharty

Died at ^{Town} Grovertown ^{County} Baltimore County MARYLAND

Date 1902 2 12 Age 58 21 Native of N. Carolina Occupation Kerosene dealer

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 26


~~Hubert~~ of William R Fleharty

Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Apoplexy 64 How long sick 12 hours

Death { Immediate ~~Accident, Suicide, Homicide~~

Reported by Geo H Gaines M.D.Address 21 W 25th St  ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry C. F. Ford

Town

County

Died at

MARYLAND

Date 19

02

Month

2

Day

18

Age

Y.

3

M.

8

D.

6

Native of

American

Occupation

none

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Harry Ford

Mother's

Maiden Name

Cause of

Primary

Meningitis

61

How long sick

3 mks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A. Mansfield M.D.

Address

129 S. Bay

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Ann Franklin

Town

County

Died at

Dulaney valley Baltimore

MARYLAND

Date 19 02

Month Day

Feb. 2

Y.

M.

D.

Age 83-4-29

Native of

Maryland

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

The late Dr. Thos. F. Franklin

Cause of

Primary

Pneumonia

How long sick

41 days

Death

Immediate

11

93

Accident, ~~Swindle~~, How Side

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bessie D. Traub

Town

County

Died at

MARYLAND

Date *1902* *Feb* *13* *12* *md*
 Month Day Y. M. D. Native of Occupation
White *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living

Husband of _____

Wife

Father's
Name

Mother's
Name

Cause of

Primary

Immediate

Scarlet Fever
and double pneumonia

How long sick

36 hrs.

Accident, Suicide, Homicide

Reported by

W. T. Burrey M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

01-Prof. Lamm

Benjamin Howard Barrett.

Town

County

Died at

Govanstown

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb

11

Age

65

2

9

Baltimore

Carpenter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Savania ~~M~~ Corbett.

Mother's

Maiden Name

Elizabeth Bull

Primary

Aortic stenosis

How long sick

5 mos

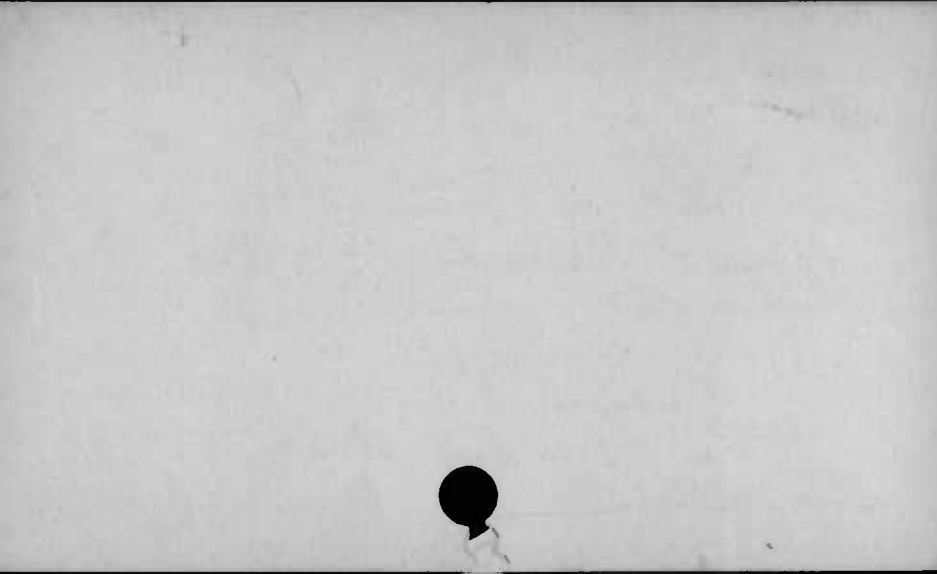
Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

H C Hoes Md

Station Hb (Govans) Baltimore Md



Lillian G. Garrish

Town

County

Died at

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Feb	25		21			
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Giss

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

23

Age 80

15

Germany

Farmer

Male

White

Married

~~Widower~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

Husband
of

Wife

Father's

Name

Adam Giss

Mother's

Maiden Name

Elizabeth Giss

Cause of

Primary

Arterio Sclerosis

How long sick

Death

Immediate

Chronic Nephritis

Accident, Suicide, Homicide

Reported by

W. J. E. Myers

Address

Pascam

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant *Gies*

Died at

MARYLAND

Date

1902

Month

Day

Feb. 18

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Stillborn

Death

Immediate

How long sick

~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

White

~~Colored~~

Age

~~Married~~

Single

Widow

~~Widower~~

Native of

Occupation

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Ruth Gore

Town

County

Died at

Reisterstown

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

2

1

Age

73

Md.

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband of

John W. Gore

Wife

Father's

Name

William Gore

Mother's

Maiden Name

Isabelle Choate

Cause of

Primery

Intestinal nephritis

How long sick

5 days

Death

Immediate

Urinary poisoning

Accident, Suicide, Homicide

Reported by

James Gore M.D.

Address

Reisterstown Md. 120

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah *Joss*
 Died at *Balto* ^{Town} *External Hall ave. Nicholas St* ^{Country} *MARYLAND*
 Date 19 *02* ^{Month} *Feb* ^{Day} *21* ^{Y.} *75* ^{M.} *75* ^{D.} *75* ^{Native of} *Ireland* ^{Occupation} *Domestic*
~~Male~~ ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*
 Female ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *3*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

1 day

Death

Immediate

Cerebral Paralysis~~Accident, Suicide, Homicide~~

Reported by

Frederick Passaher

Address

*Fullerton**Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

His M & Ch

F. L.

Margaret Isabella Gregg.

Died at *St. Denis* ^{Town} *Baltimore* ^{County} MARYLAND

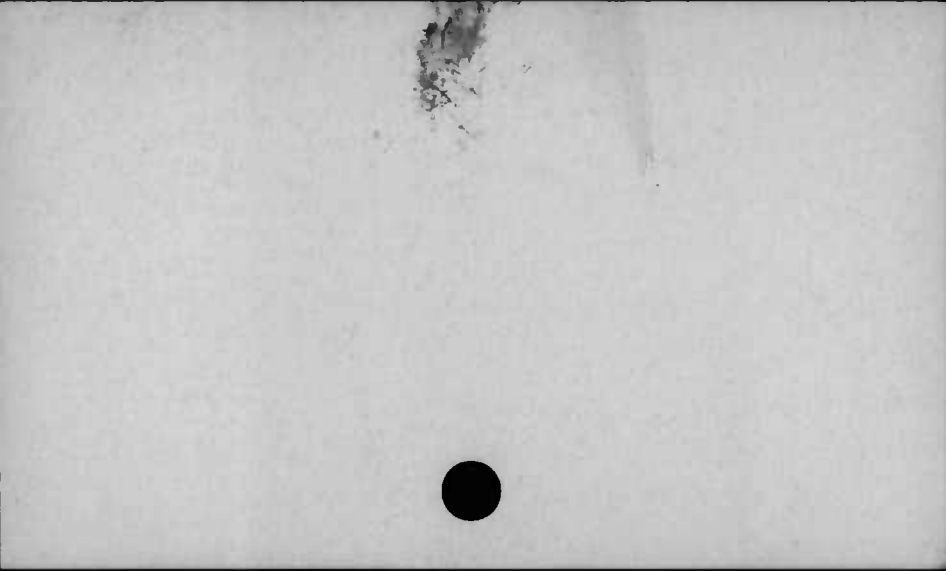
Date 1902	Month <i>Feby.</i>	Day <i>8</i>	Age <i>50</i>	Y. <i>1</i>	M. <i>1</i>	D. <i>12</i>	Native of <i>Maryland</i>	Occupation
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of _____
WifeFether's Name *John H. Gregg.* Mother's Maiden Name *Margaret Guthrie*

Cause of	Primary <i>Cerebral hemorrhage -</i>	How long sick <i>5 weeks</i>
Death	Immediate <i>Pericarditis - Exhaustion</i>	Accident, Suicide, Homicide

Reported by *Wm. R. Eareckson*Address *Eek Ridge, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Grimes

Town

County

Died at

Belle

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

- 2

24

Age 13

Male

White

~~Married~~~~Widow~~~~Divorced~~

Number of children living 4

Husband of

Wife

Father's

Name

Robert Grimes

Mother's

Maiden Name

Mary Grimes

Cause of

Primary

Membranous Croup

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

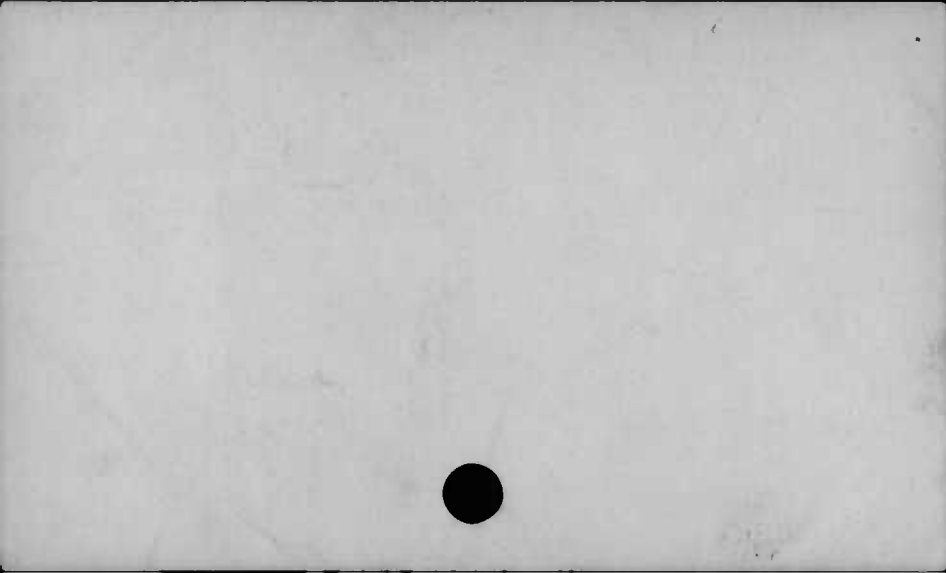
Reported by

J. B. Orrings

Address

Elicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name		Certificate of Death			
Hampshire, John D		MARYLAND			
Died at <u>Leatsville</u> <u>Bulls</u>					
Date of death 190 <u>2</u> <u>Feb</u> <u>9</u> <u>Age</u> <u>68</u>		Months		Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>md</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>X</u>		Father's Birthplace <u>X</u>			
Mother's Maiden Name <u>X</u>		Mother's Birthplace <u>X</u>			
Name of person giving information <u>X</u>		How related to deceased <u>^</u>			
CAUSES OF DEATH					
Primary <u>Dementia</u>		How long <u>10 years</u>			
Immediate <u>Valvular Dis of Heart</u>		How long <u>10 years</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. G. Wade</u>			
		Address <u>Leatsville, Md</u>			
Accident or Suicide? <u>No</u>					



Name In Full

Certificate of Death

Henrietta Kemp Harding

Town

County

Died at

MARYLAND

Hannah More Academy, Belk Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

02

2

8

Age

13, 7.

Howard Co

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Harold Harding

Name

Mary Ann Harding

Cause of

Primary

Peritonitis

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. J. B. Owsen

Address

Ellicott City

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 18

Month

Day

Y

M.

D.

Native of

Occupation

902 Feb 22

Age

60 - -

Va

Labour

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living 3

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

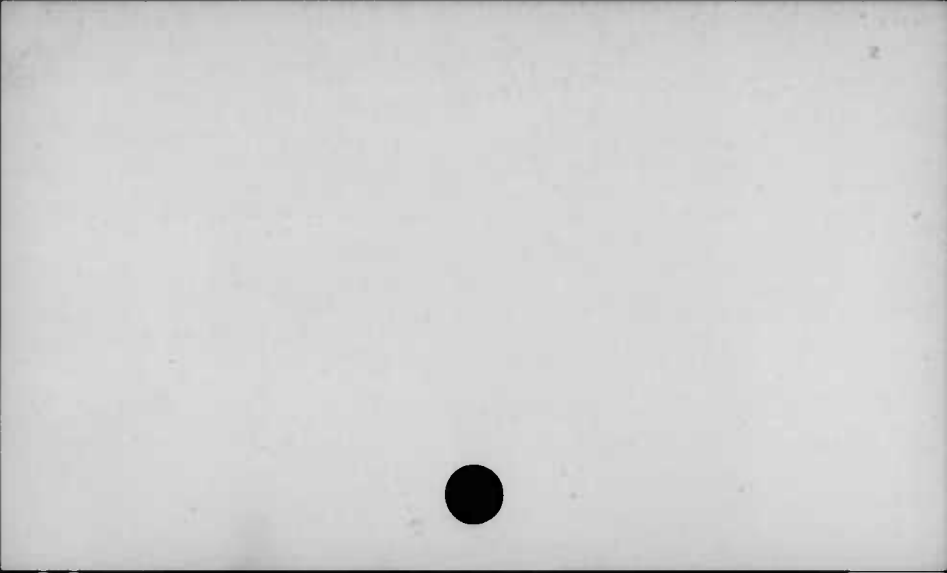
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Margaret Harmon

Died at
CalvinchenCounty
Balls

MARYLAND

Date 1902 Feb 13 Age 71 - - Ireland
 Male White Married Widow Divorced
 Female ~~Color~~ Single ~~Widow~~ Number of children living 2

Husband of Late Anthony Harmon
 Wife
 Father's Name William Bowes Mother's Name Mary Bowes

Cause of Death Primary Pneumonia 93' How long sick One week
 Immediate Sanguine of lungs Accident, Suicide, Homicide

Reported by Charles E. Maguffin M.D.

Address Calvinchen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. C. Wiedefeldt

Name in Full

Certificate of Death

Thor Edward Harrison,
 Town Bowhatan County Balto.

MARYLAND

Died at

Date 1902

Month Day

Feb 2

Y.

M.

D.

Native of

Occupation

Age

1MtNone

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

95Brooks,

Cause of

Primary

Congestion of Lungs

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

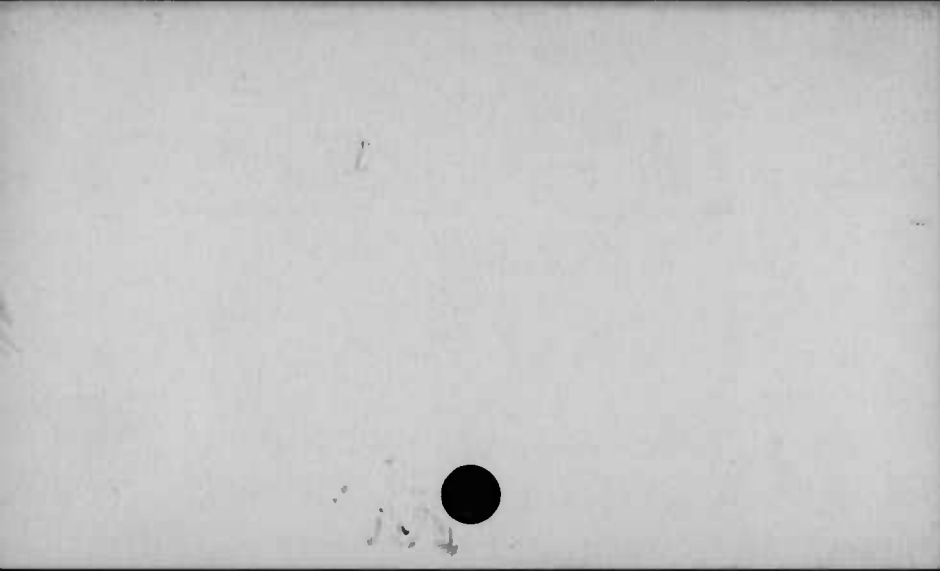
Reported by

Dr George J. Ehrhart.

Address

Dickensville Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Hanger

598

Died at

Rossini, Dakota

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 6

Age 84

Md

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John S. Hanger

Robert Howard

Mother's Name

Cerebral apoplexy

Immediate

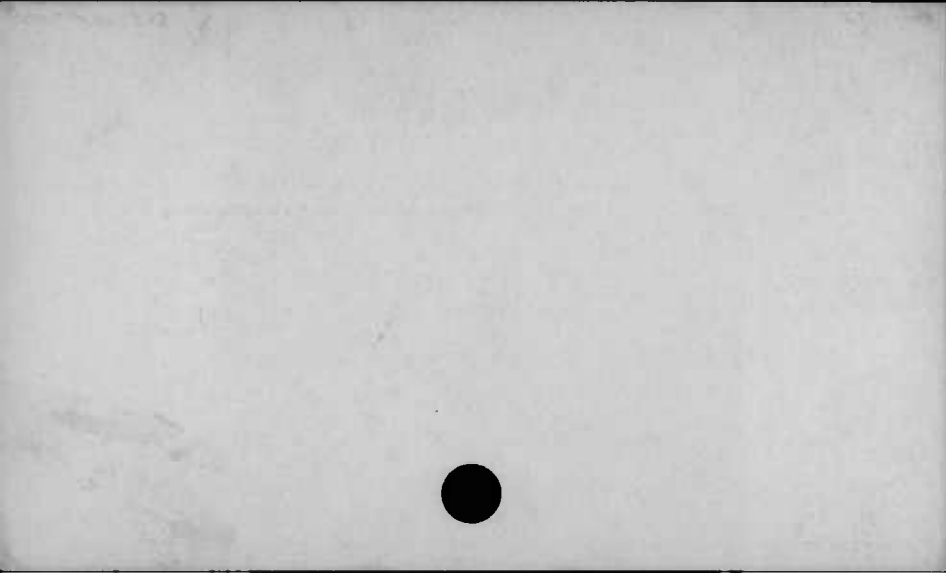
How long sick

2 days

Accident, Suicide, Homicide

C. B. Under M. J.

Rossini, Md



Name in Full

Certificate of Death

St Catherine Hillman

Died at ^{Town} Hagerstown ^{County} Belles.

MARYLAND

Date 19 ~~19~~ ^{Month} Febr. ^{Day} 16 ^{Y.} Age 28 ^{M.} 9 ^{D.} ^{Native of} New York ^{Occupation} Sister of Charles

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia with Pleurisy

How long sick

2. mo

Death

Immediate

Result of above

Accident, Suicide, Homicide

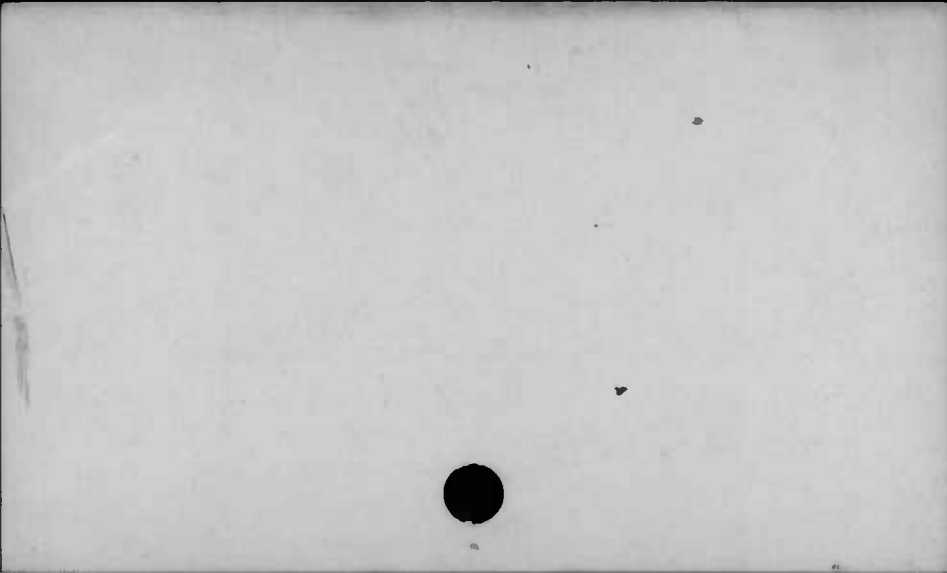
Reported by

L. W. Keener

Address

1938 Linden Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert Lee Hobson

Died at Oregon Town Beatto County MARYLAND

Date 1902 2 12 Month Day Y. M. D. Age 31 Native of va Occupation laborer

Male White Married Widow Divorced Three

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Leva Furlles

Wife

Father's Name

Mother's Name 93

Cause of Death { Primary Pneumonia Immediate Exhaustion }

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Stevensons Chapel.

Name In Full

Certificate of Death

Mary C Holland

Town

County

Patuxent

Baltimore

MARYLAND

Died at

Date 1912 Feb 9th

Month

Day

Y.

M.

D.

Age 65

Native of

Occupation

Maryland Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

Wife

Father's

Name

Mother's

Name

Jackson Holland 27

Cause of

Primary

Pulmonary Tuberculosis

How long sick

About 5 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo H Macgill M.D.

Address

Patuxent

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.



Name In Full

Certificate of Death

Mrs Susan R. Hooff

(Cathayville Hop. 24) Calto.

Died at

MARYLAND

Date 1902

Date 189

Month Day

Y. M. D.

Native of

Occupation

Age 75

Baltimore Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Frank Hooff

Father's

Name

Mother's

Name

Cause of

Primary

27

How long sick

Death

Immediate

Tuberculous

Accident, Suicide, Homicide

Reported by

Frank R. Rich

Address

John E. Hark

Resident Physician

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Henrietta Horn

Died at Towso Park Baltimore MARYLAND
 Date 1902 2 23 74. 4. 10 Germany Housewife
 Male White Married Widow Female Single Widower
 Number of children living

~~Henrietta~~ of John E. Horn 64
 Wife
 Father's Name M Wachten Mother's Name Wachten

Cause of Death Primary Apoplexy - Paralysis How long sick about 6 mos.
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by L. Gibbons Smith M.D.Address 414 Woodlawn Rd. Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

AS Marshall
Boatto Cemetery
Feb 25-1912

Name in Full

Certificate of Death

Died at

Norma Hughes

Town

County

MARYLAND

Date 19

12

Month

2

Day

16

Age

Y.

M.

D.

65.0.26

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Nathan Hughes

Mother's

Maiden Name

Annie Knechtel

Cause of

Primary

Paralysis

How long sick

8 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. Millard Stirling,

Address

Shades

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU. 70002

СРАВНЕНИЕ

100

to avoid

14

Name in Full

Certificate of Death

Laura A. Hunter

554

Died at ^{Town} Canton ^{County} Balt

MARYLAND

Date ¹⁹⁰² 1902 ^{Month} 2 ^{Day} 17 ^{Y.} 41 ^{M.} — ^{D.} — ^{Native of} D. Carolina ^{Occupation} HWR
^{Male} ~~Female~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~ 4

Husband of Phillip Hunter
 Wife
 Father's Name

Mother's Name

Cause of Death { Primary Pneumonia
 Immediate Atheria

93

How long sick 5 days
 Accident, Suicide, Homicide

Reported by D.W. Jones M.D.
 Address 3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

E. Bryan,
Asberry Cemetery

Name in Full

Certificate of Death

Laurie Frances Jackson

Town

County

Died at

Hereford

Dalls

MARYLAND

Date 19

02

Month

Day

2, 22

Y.

M.

D.

Age

1 1

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower~~Number of children living~~

Husband of

Wife

Father's

Name

Victor Jackson

Mother's

Maiden Name

Susan Berry

Cause of

Primary

Bronchitis

How long sick

2 weeks

Death

Immediate

Spasms

~~Accident, Suicide, Homicide~~

Reported by

A.R. Mitchell

Address

Hereford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name In Full

Certificate of Death

Rosi Jankiewicz

135-

Died at

Hammonds ferry Road

County

Balt. Co.

MARYLAND

Date 1902

Month

Day

Feb.

16

Age

5

M.

D.

Native of

Balt. Co.

Occupation

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Hank Jankiewicz

Mother's

Maiden Name

Kate Jankiewicz

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Hank & Ruth M.D.

Address

Lansdowne

Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000

M. F. Sadowski.
703 S. Ann St
undertaker

To Holy Rosary
Cemetery

Name In Full

Certificate of Death

Julius Hamke

Died at

Town

County

Bosley

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 15

Age

65-5-25

Europe

Mechanic

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Five

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Augusta Schaninger (deceased)

Unknown

Unknown

Cause of

Primary

Pleurisy

How long sick

Death

Immediate

Pleurisy

Accident, Suicide, Homicide

Reported by

Address

J. S. Sweeney M.D.

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ethel Mendenhall Johnson

Town

County

MARYLAND

Died at Beaver Dam

Baltimore

Date 189 1902 Month 7 Y. 4 M. 2 D. 2 Native of Maryland Occupation

Date 189

Month 7 Day 20

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Albert Taylor

Flourance Taylor

Cause of

Primary

General debility

How long sick

10 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Dr. J. H. Benson

Address

Bockesville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



George H. Johnson
 Town _____ County _____

Died at *Beaver Dam* *Baltimore* MARYLAND

1902 Month *Feb* Day *27* Y. *1* M. *6* D. *0* Native of *Maryland* Occupation _____
 Date 189 _____ Age _____
 Male ☒ White ☒ Married ☒ Widowed ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____

Husband of _____
 Wife ☒

Father's Name *Alfred Johnson* Mother's Name *Rosa Sherwood Johnson*

Cause of Death { Primary *Whooping Cough* & *8* How long sick *20 days*
 Immediate *meningitis & Paralysis* ~~Accident, Suicide, Homicide~~

Reported by *Dr J. C. Benson*

Address *Pockysville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town
Baltimore City

County

Baltimore Co

MARYLAND

Date 1902

Month

Day

July 8

Age

55

Y.

M.

D.

Native of

Md

Occupation

Miller

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Amanda E Hobbe.

Father's

Name

Wm Johnson

Mother's

Name

Anne Clark

Cause of

Primary

How long sick

Death

Immediate

Heart Failure 179

~~Accident, Suicide, Homicide~~

Reported by

Jno W B Rogers and

Address

Baltimore City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Pro Grant (Premature Delivery)*
 Died at *Grants* *Balt* *MARYLAND*
 Date 19*02* *Feb* *28* *9* months *Ind*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *151*

Husband of
Wife

Father's Name *Gebede Johnson* Mother's Maiden Name *Nittie Bortch*
 Cause of Death { Primary *Premature Delivery* Immediate ☒ How long sick
 Accident ☐ Suicide ☐ Homicide ☐

Reported by *A. J. Stupple* and *Grants Ind*
 Address *Grants Ind*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William H. Keith

Town

County

Died at

Grays

Balt.

MARYLAND

Date

1902

Month

Day

Feb. 24

Y.

M.

D.

Age

54 9

Native of

Md.

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Eight

Husband

of

Emma B. Keith

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia with effusion

How long sick

About 6 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

William E. Hodges

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 680-9



William Henry

Town

County

Died at

St. Agnes' Sanitarium

Balt. Co.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb.

2

Age

32

Baltimore

Iron Moulder.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion from above

Accident, Suicide, Homicide

Reported by

L. W. Keon

Address

1938 Linden Ave. Balt. Ma.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Peter's cemetery

Name in Full

Certificate of Death

Iron W. Knight

Town

Canton

County

Balto.

MARYLAND

Died at

Date 19

02

Month

Day

Feb 22

Y.

M.

D.

Age

4

Native of

Balto. C.

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cerebral Pneumonia

How long sick

about 1 week

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

F. W. Schenckler M.D.

Address

1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Att Carmel

Jirkler Jirkler

Name in Full

Certificate of Death

William Knobel

Died at ^{Town} Highlandtown ^{County} Balto MARYLAND

Date 1902. Month 2 Day 4 Age 4 Y. M. D. Native of Md Occupation

Male White Married Widower Divorced

Female Colored Single Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

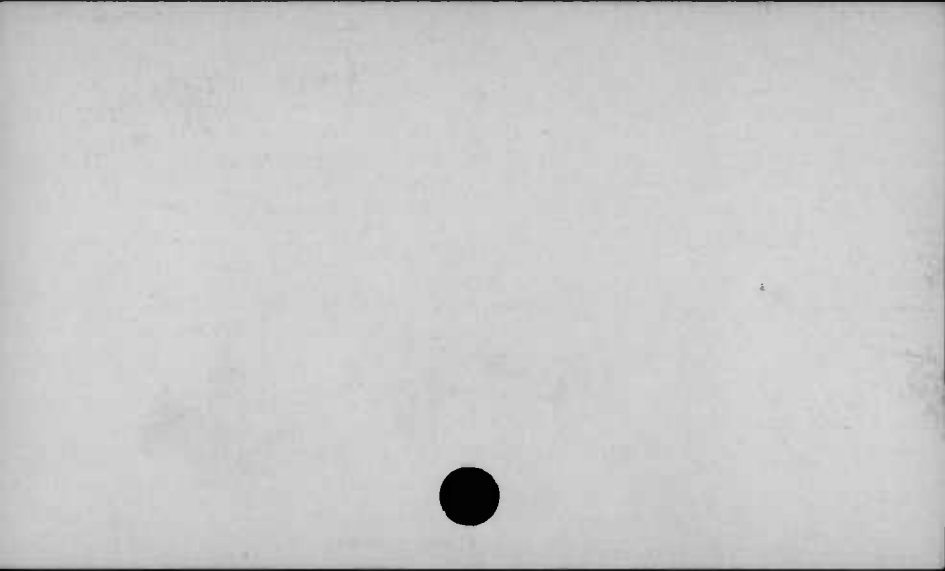
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, other use by coroner, undertaker or minister

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

William B. Krause 643

Died at

Town Highlamm County Bath Co.

MARYLAND

Date

1802

Month

2

Day

3

Y.

3.

M.

D.

Native of

Occupation

American none

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas. Krause

Mother's

Name

Annie K

Cause of

Death

Primary

Immediate

Cerebra Spinal Mergts. 1 moth

How long sick

Accident, Suicide, Homicide

Reported by

Address

E. M. J. Family M. D.
304 Bands EXP

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

Dr. E. V. Jamney

of

Seen by Coroner

W. S. Lipp

of

Balt Cemetery

Information contained in this certificate received
from

of

Name in Full

Certificate of Death

550

Died at *Leighland* Town *Balto* County *MARYLAND*

Date 19 *02* Month *2* Day *9* Age *- 2 -* Y. M. D. Native of *Ma* Occupation *—*

☒ Male ☐ White ☐ Married ☐ Widowed ☐ Divorced
☐ Female ☒ Colored ☐ Single ☐ Widower Number of children living *1*

Husband of

Wife

Father's Name *Arthur Lindner* Mother's Maiden Name *Martha Lindner*

Cause of Death { Primary *Marasmus* Immediate *151* How long sick *Life time* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *E. W. Denny*
304 Banks *MD* *Ext*



Name In Full

Certificate of Death

Willenma Dortka Lohmire

Died at

Delight

Town

County

Balto

MARYLAND

Date 19

02

Month

Day

Feb

16

Y.

M.

D.

Age

67

Native of

Germany Housewife

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

of

Wife

Father's

Name

Charles Lohmire

Mother's

Maiden Name

23

Cause of

Primary

Consumption

How long sick

Five weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

W H Barnhill

Address

6 Wingo Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Alburt Lee Roy Lutz
 Town Canton County Balto

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 27

Age

4 4

Mch

Male

White

Married

Widow

Divorced

Single

Single

Single

Widow

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Natural Causes

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. G. Muller Coroner
 Canton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alexander M. Low

Died at ^{Town} Near Powhatan^{County} Balto

MARYLAND

Date 1902	Month Feb	Day 19	Y. 63	M.	D.	Native of New York	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 5	

Husband
of
WifeFather's
NameMother's
Name

Cause of	Primary	Gas truti's	How long sick 4 days
Death	Immediate	Exhaustion	Accident, Suicide, Homicide

Reported by

Dr. Charles L. Maffett

Address

Batonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Albert Lowrey

CERTIFICATE OF DEATH

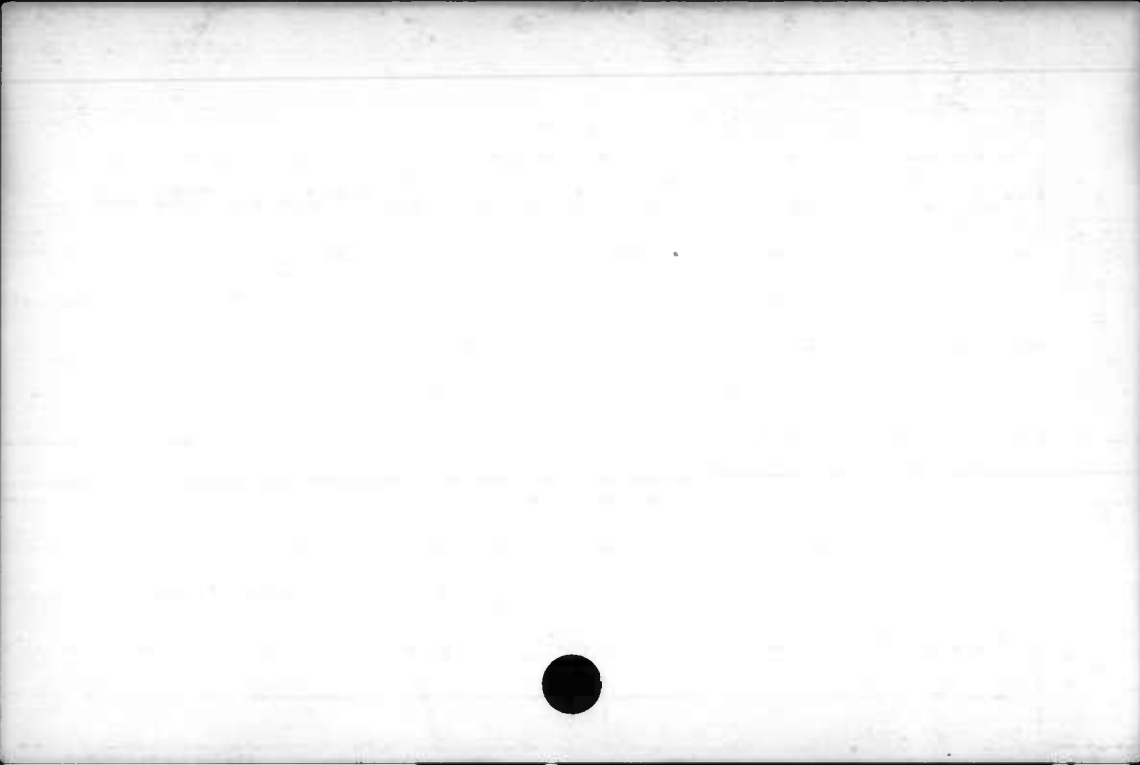
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>2</i>	Day <i>21</i>	Age <i>16</i>	Months —	Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Balt. Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Claris Lowrey</i>			Father's Birthplace <i>Balt. City</i>		
Mother's Maiden Name <i>Marian V. Gore</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving In formation <i>Claris Lowrey</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Pharyngitis</i>	How long <i>2 weeks</i>
Immediate <i>Enteric fever</i>	How long <i>47</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. B. M.</i>
<i>A</i>	Address <i>Pikesville</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Sara H. Berta Layd

Town

County

Died at Roland Park, Baltimore

MARYLAND

Date 1907 Feb 15 Y. M. D. Native of Pa Occupation Janitor

Male White Married Widow Divorced Number of children living

Female Colored Single Widower

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Lynchburg Va

Name In Full

Certificate of Death

George S. Lucas
 Died at *St. Agnes Hospital Balto.* *MARYLAND*
 Date 19*02* *Feb* *27* | Age *37* | *Illinois* | *Baker*
 Male | White | Married | ~~Widow~~ | ~~Divorced~~
~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Harry M. Ginnity

Town

County

Died at Mt Hope Retreat Balt Co

MARYLAND

Date 1902 2nd 23rd Age 80 - - Inland

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____

Wife _____

Father's Name _____

Mother's Maiden Name _____

Cause of Death { Primary Senile Mania How long sick _____

Immediate Ex. Pul. Congestion - Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat - Mt Hope Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Amanda Marsh

Town

County

Died at

Sherwood

Balt.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2 27

Age

38

Md

none

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright Disease

How long sick

4 months

Death

Immediate

Uræmic Toxicæmia

Accident, Suicide, Homicide

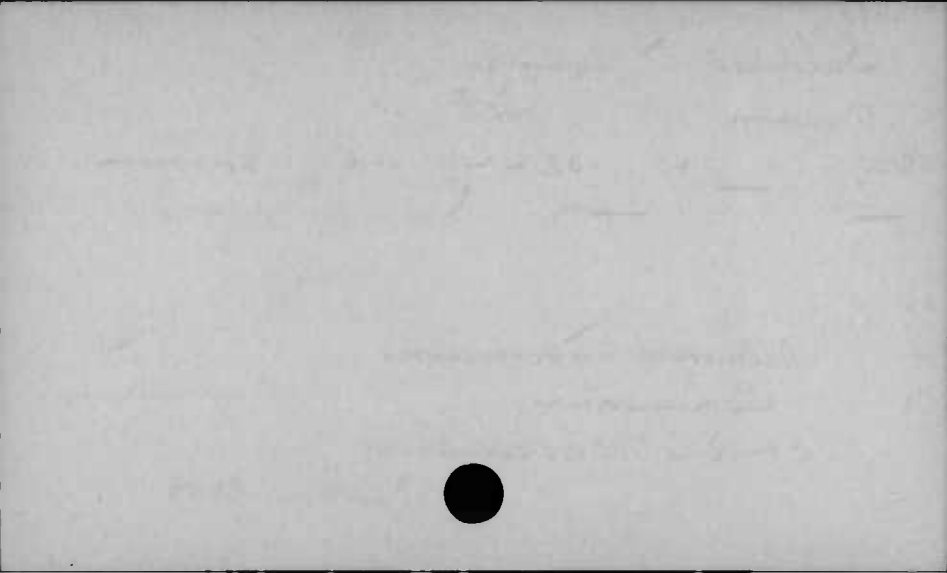
Reported by

Dr R. L. Massenburg

Address

Taworm

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No Name (Still Born)
 Town County
 Died at Granby Balt MARYLAND
 Date 1902 Feb 8 Month Day Y. M. D.
 Age Still Born Native of Occupation
 Male White Married Single Divorced
 Female Colored Widower
 Number of widows living
 Husband of
 Wife
 Father's Name Alfred Marshall Mother's Maiden Name Jennies Hall
 Cause of Death { Primary Premature labor Immediate
 How long sick
 Accident, Suicide, Homicide
 Reported by H. J. Struble M.D.
 Address Granby Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Caroline Matthews

136

Died at Arbutus Town Baltimore County MARYLAND

Date 1902 2 - 19 Month Day Y. M. D. Age 15-8-18 Native of Md Occupation _____

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name John W. Matthews Mother's Name Sarah. Matthews.

Cause of Death La Grippe 10. How long sick _____

Death Immediate Concussion of lungs & Exhaustion. Accident, Suicide, Homicide

Reported by Frederick A. Ruhl, Jr., M.D.

Address Lausdowne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

John E

of

Seen by Coroner

August. W. Miller

of

Wm Williams Balto to Md

Information contained in this certificate received

from

Coroner Inquisition

of

Arbutus Balto to Md

Clarence Meredith

Died at Trump Town to Baltimore County MARYLAND

Date 1902 Month 2 Day 4 Age 24 Y. M. D. Native of md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband

Wife

Father's Name Emerson Meredith Mother's Name Effie M. Almy

Cause of Death { Primary Premature Birth How long sick 24 days

Immediate Marasmus Accidents, Suicide, Homicide

Reported by W. Millard Stirling M.D.Address Cham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.



Catherine Messing

Town

County

Died at

Baltimore

Baltimore

MARYLAND

Date 1902 2 12

Month

Day

Age 73

Y.

M.

D.

Native of

Occupation

Germany

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

the late Adam Messing

10

Mother's

Maiden Name

Cause of

Primary

Influenza with about a month
monstrous

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. H. Messing & Co.
114 Chesapeake St.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amie R. Miller

Town

County

Died at

*Canton**Balto*

MARYLAND

Date 19 *02* Month *2* Day *19* Age *26* Y. *7* M. *13* D. *13* Native of *Germany* Occupation *none*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
Female Colored ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *John Miller*

Wife *John Miller*

Father's Name *Charles Jeliutski* Mother's Maiden Name *Augusta Henig*

Cause of Death { Primary *La Grippe* *10* How long sick *about 1 year*
Immediate *Chronic Bronchitis* ~~Accident, Suicide, Homicide~~

Reported by *J. W. Schuessler M.D.*

Address *1013 Canton St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Isaac Humbert Mohler
 Town Washington County Baltimore MARYLAND
 Date 1902 Month July Day 11 Age 7 years Native of Balt City Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

2-12-1802.

John A. Langer
223 Broadway
Bath

Anna Nelson
 Town County
 Died at Grants Ball
 Date 1902 Feb 24 Y. M. D. Native of Maryland
 Age about 52 Occupation Housewife
 White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 4

Husband of Linant Nelson
 Wife
 Father's Name Jas Dorsey Mother's Maiden Name Susan Brooks
 Cause of Death Primary Chronic Morphine - 4 days
 Immediate Uremia and Coma
 How long sick
 Reported by Dr. F. Shipley and
 Address Grants and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Frederic M. Neubauer*
 Died at *Shannon Point* ^{Town} *Balto.* ^{County} MARYLAND
 Date 19 *02.* ^{Month} *Feb.* ^{Day} *11th* Age *— 9 —* ^{Y. M. D.} Native of *Ind* Occupation *None*
~~Male~~ ^{White} ~~Female~~ ^{Married} ~~Widow~~ ^{Divorced} ~~Single~~ ^{Widower} ~~Number of children living~~
~~husband~~ of *93*
~~Wife~~
 Father's Name *Chas. Neubauer* Mother's Maiden Name *Martha Neumann.*
 Cause of Death { Primary *Pneumonia* Immediate *Pneumonia* How long sick *45 hours.*
~~Accident, Suicide, Homicide~~
 Reported by *Frank B. Elchert, M.D.*
 Address *Shannon Point.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura Olcott

Town

County

MARYLAND

Died at

Sparrow's Point, Balt.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2 17

Age

78 -

N.Y.

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

Death

Immediate

Orchestra Lung

How long sick

36 hours

Accident, Suicide, Homicide

Reported by

J. Woodward M.D.

Address

Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Widow~~
of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age 60

1 20

Ind

Carpenter

White

~~Colored~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

Mother's

Maiden Name

How long sick

5 days

Primary

Immediate

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79695



Certificate of Death

Died at *Narrow's Point*, *Bath* *Town* *County*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902.	2	14	47	-		Germany	Track man
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widow	Number of children living	3		

Husband of

Wife

Father's

Name _____

Mother's Name

Cause of	Primary	<i>Dysentery</i>	<i>14</i>	How long sick	<i>4 months</i>
Death	Immediate	<i>Cholera Stomach & bowels</i>			Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Benjamin Patten

560

Died at

Benjamin

County

Baltimore

MARYLAND

Date 1912

Month

Day

Feb 2

Age

Y.

M.

D.

63 -

Native of

Ohio

Occupation

Farmer

Male

White

Married

Widow

Divorced

FemaleColoredSingle

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

Death

Immediate

Cardiac hypertrophy

Accident, Suicide, Homicide

Reported by

C. V. Mac

Address

Riverside

Md.

C. V. Mac
Riverside

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William S. Pyle

138

Town

County

Died at Lonsdorou

Baltimore -

MARYLAND

Date 1902 Feb. 25th Y. M. D. Age 92 4-5 Native of Pennsylvania Occupation
 Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 4
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Margaret M. Pyle -
 Wife
 Father's Name
 Mother's Name
 Maiden Name

Cause of Death { Primary Senile Delirium. How long sick 4 months.
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Frank H. Ruhl M.D.

Address Lonsdorou Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Quirk-

Town

County

Died at Mt Hope Balto

MARYLAND

Date 19 02 2 25 Y. M. D. Age 79 - - Native of Ireland Occupation Nurse

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

68

Cause of Primary Acute Mania - Post Paralysis. R. Hem. How long sick 6 Wks

Death Immediate Ex - Hypostatic Congestion. Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Rehab Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Belongs to Roland
Park Baltimore Md -

Katherine Rettigata

Town

County

Died at

Mt Hope Retreat

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2nd 20th

Age

67

Italy

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary Acute Mania. Pul. Congestion - Over 2 wks -

How long sick

Death

Immediate Cardiac Paralysis -

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Mt Hope Retreat, Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mildred Grace Richards

Died at ^{Town} Arlington ^{County} Bullets Co. MARYLAND

Date 1902 ^{Month} Feb ^{Day} 16 ^{Age} Y. 8 M. 16 D. ^{Native of} ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name Kurtz Richards Mother's Maiden Name Clara Polton

Cause of Death { Primary Pneumonia
 Immediate asthenia } 93
 How long sick week
 Accident, Suicide, Homicide

Reported by Harry C. Alger M.D.
 Address 516 - 5th Ave Bullets.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. S. Wain Hall

Hamstead

Carroll Co.

Wd

Feb 18-1902

Name in Full

Certificate of Death

Died at *Martha Ann Potter*
Fulls Road near Rockland, Balto Co **MARYLAND**

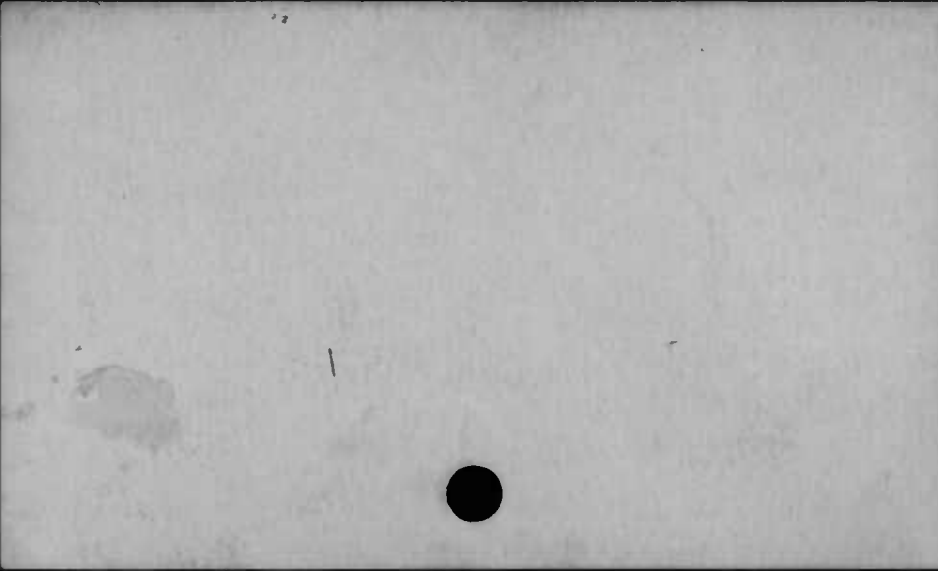
Date 189*2* *July 7* Month *July* Day *7* Y. *72* M. *8* D. *17* Native of *Balto Co.* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *4*

Husband of *Henry J Potter*
 Wife
 Father's Name *William Jones* Mother's Name *Mary A. Adams Jones*

Cause of Death { Primary *P. Tuberculosis* How long sick *30 years*
 Immediate *Asthma* Accident, Suicide, Homicide

Reported by *William J. Jones*
 Address *Old Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Frederick Robeck

Town

County

Died at

Cockeysville

Halter

MARYLAND

Date 1902

Month

Day

Feb 23

Y.

M.

D.

Age

18-6-18

Native of

MO

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

34

Father's

Name

Charles Robeck

Mother's

Maiden Name

Mary Ann Mack

Cause of

Primary

General Tuberculosis

How long sick

57 months

Death

Immediate

Hemorrhage (Exhaustion?)

Accident, Suicide, Homicide

Reported by

Dr. M. H. Benson

Address

Cockeysville

Halter Co. MO

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name *Joseph R Robinson*
 Town *Hyndson* County *Balto* MARYLAND
 Died at
 Date 19*02* Month *Feb* Day *14* Age *4 1/2* Y. M. D. Native of *Md* Occupation
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name *Joshua Robinson* Mother's Maiden Name *Antonia Sanders*

Cause of Death { Primary *Hereditary* Immediate *Marasmus* } How long sick *2 month* 151
 Accident, Suicide, Homicide

Reported by *W H Campbell*Address *Cowings Mills. Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Sapp

Town

County

Died at Orangethille

Balto

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

22

Age

- 2 -

Balto

+

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Andrew Sapp

Abera Wilhelm

Cause of

Primary

Pneumonia

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

J. B. Schofield

1400 First St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79832



Katharine Sauer,
 Town County

MARYLAND

Died at *Nessey P.O. Ball's Co.*

Date 1902	Month Feb.	Day 13	Y. 64	M. 7	D. 28	Native of Germany	Occupation Housewife
Male	White	Married	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	1

~~Husband~~
 of

Wife *John Sauer,*
 Father's Name *Hansen* Mother's Maiden Name *10*

Cause of Death	Primary	<i>General Debility - following Grip.</i>	How long sick	<i>About 1 year.</i>
	Immediate	<i>Failure Vital Forces.</i>	Accident, Suicide, Homicide	

Reported by *Lingard & Whitford, M.D.*
 Address *Parkville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. John
J. L.

7888



Paul P. Schaeckhoff
 Town *Paper Mill* County *Baltimore* *60* MARYLAND
 Died at
 Date *1902* *Feb 28* 189 *Age 61-7-15* Native of *Maryland* Occupation *Labourer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *4*

Husband of *Mrs Schaeckhoff*
 Wife
 Father's Name *Matthias Schaeckhoff* Mother's Name *Barbara Schaeckhoff*
 Cause of Death { Primary *acute nephritis* Immediate *uraemia* How long sick *six weeks*
 Accident, Suicide, Homicide

Reported by *Dr. J. E. Benson*

Address *Brooklynville* *Balt. 60 Md*

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Name in Full

Certificate of Death

Leonard Schmidt

Town

County

MARYLAND

Died at Mount Hope Retreat Balto Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

3

Age

47

-

-

Germany

Merchant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Aplacholia

How long sick

13 mos -

Death

Immediate

Convulsions & Cardiac Collapse

Accident, Suicide, Homicide

Reported by

Frank J. Flannery

Address

Mt Hope Retreat

Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 79898

Belongs to Spartanburg
S.C.

Name In Full

Certificate of Death

Town

County

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Emert Town *Schultz* County *336*

Died at *Wanton* County *Balto* MARYLAND

Date 189	<i>1902</i>	Month	<i>2</i>	Day	<i>5</i>	Y.	M.	D.	Native of	Occupation
									<i>md</i>	
Male	White	Married		Widow		Divorced				
Female	Colored	Single		Widower		Number of children living				

Husband of
Wife

Father's Name *Emert Schultz* Mother's Name *Lena Schultz*

Cause of Death { Primary *Cyanosis* Immediate *150* How long sick *3*

Reported by *J. S. Warner md.*

Address *1120 Highland Ave*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

(Infant) Scott

139

Died at St Denis Town Baltimore County MARYLAND

Date 1902 Feb 22 Month Day Y. M. D. Native of Md. Occupation _____

Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of _____
Wife

Father's Name P. Parkin Scott Mother's Maiden Name Nina E. Cross

Cause of Death { Primary Died in utero How long sick _____
 { Immediate _____ Accident, Suicide, Homicide _____

Reported by W. R. EarecksonAddress East Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elizabeth A. Sears

Town

County

Died at

Catonsville

Baltimore

MARYLAND

Date

1902

Feb. 15

Age

65 0-0

Native of

Maryland

Occupation

None

~~Male~~

White

Married

?

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

?

Husband

of

Wife

Wm J. Sears

Father's

Name

unknown

Mother's

Name

unknown

Cause of

Primary

Chronic Bright's Disease

How long sick

1 month

Death

Immediate

Senile Gangrene

~~Accident, Suicide, Homicide~~

Reported by

J. Percy Trade MD 120

Address

Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Martin Seis

Town

County

Died at

Rosedale

Talia

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 14

Age

90

Germany

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Brights

How long sick

Several years

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. Guinan M.D.

Address

Rosedale Talia

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Marrilla Francis Severe

134

Died at

Mr Minors Baltimore

MARYLAND

Date 1902

Month

2

Day

9

Y.

M.

D.

1 23

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Edward Severe

Mother's

Maiden Name

Nettie Franklin

Cause of

Primary

Convulsions

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

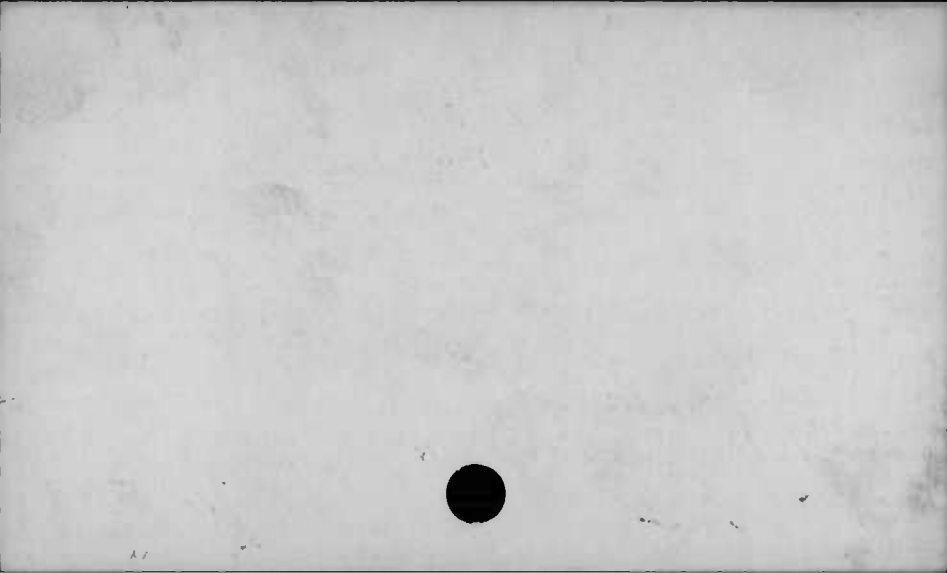
Reported by

Z. B. Hall

Address

Mr Minors

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Sheridan

Died at

St Agnes Hospital

MARYLAND

Date 19

02

Month

Day

Feb 19th

Y.

M.

D.

Age

38

Native of

Occupation

Ireland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Alcoholism

How long sick

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Warren K. French M.D.

Address

St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joe E. Shorb
 Died at *Piscataway* ^{Town} *Bucks* ^{County} MARYLAND

Date 1902 *2* *27* Month Day Y. M. D. Age *57* Native of *Ma* Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Mother's
 Maiden Name

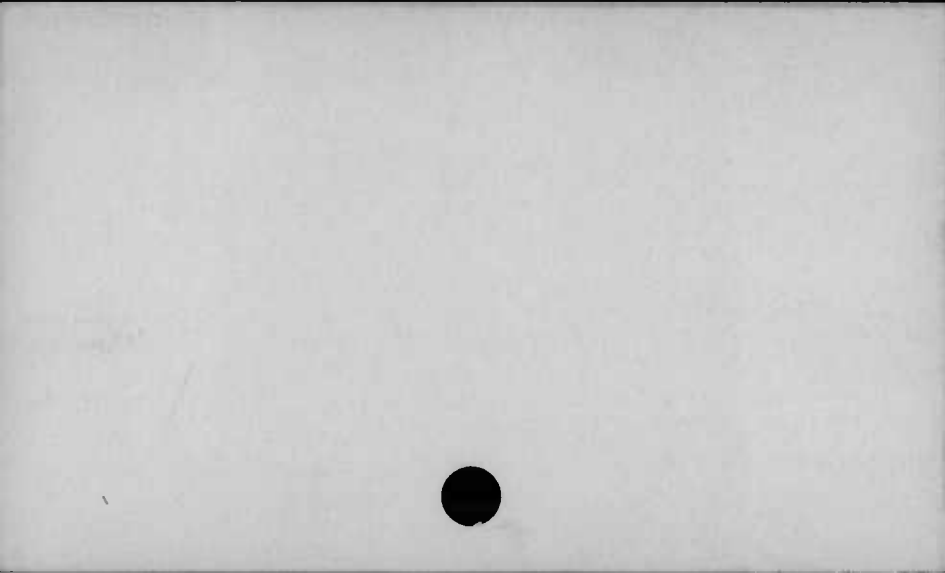
Cause of Primary *Asphyxia* *19* How long sick

Death Immediate *Heart disease* Accident, Suicide, Homicide

Reported by *J. P. E. M.*

Address *Piscataway* *Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie Elizabeth Piepp

Died at ^{Town} Diekeyville ^{County} Baltimore MARYLAND

Date 1902 ^{Month} July ^{Day} 26 Age 26-2- ^{Y.} ^{M.} ^{D.} ^{Native of} Balto Co ^{Occupation} wife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Colored~~ ^{Single} ~~Widower~~ Number of children living One

~~Wife~~ of Oliver P. Piepp

Father's Name John H. Fickner Mother's Name Kate Shower

Cause of Death { Primary Pneumoniae Immediate

How long sick 30 days

~~Accident, Suicide, Homicide~~

Reported by C. L. Boyd

Address Diekeyville Balto Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cedar Hill Cemetery

Hannah Pierson,

Town

County

Died at

Hereford *Mattimore*

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 *19*

Age

93

Md.

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Two

Husband
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Isaac Pierson *93*

Mother's

Maiden Name

Pneumonia
Paralysis

How long sick

Four weeks

~~Accident, Suicide, Homicide~~

A. R. White
Hereford, Md.



Alfred Smith

Died at ^{Town} *Towson* ^{County} *Baltimore* *Md* MARYLAND

Date *1902.* ^{Month} *Feb* ^{Day} *17* ^{Y.} *1* ^{M.} *2* ^{D.} *4* ^{Native of} *Maryland* ^{Occupation} *Infant*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Wm A. Smith* Mother's Name *Sarah K Smith*

Cause of Death { Primary *Whooping Cough* 8 How long sick *2 days*

Death { Immediate *Convulsion* ~~Accident, Suicide, Homicide~~

Reported by *T. B. Sautsburg M.D.*Address *Towson Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Smith

545

Died at Back River Balto

MARYLAND

Date 1902 2 4 Age 13 7 Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name William Smith Mother's Name Ella Johnson

Cause of Death { Primary Phthisis Pulmonalis How long sick 7 months

Death { Immediate Asthenia Accident, Suicide, Homicide

Reported by J. Schaffner Jr

Address 1400 Forest St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000

Name in Full

Certificate of Death

Harry Smith.

Town

County

Died at

Charm

Baltimore Bt

MARYLAND

Date 189

1902

Month Day

Feb 17

Y.

M.

D.

Native of

Occupation

Date 189

Age 5

Maryland

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

George Smith

Mother's

Name

Mrs A B

Smith

Cause of

Primary

Ephorine

How long sick

16 days

Death

Immediate

Double Poisoning + Catarrh of Lungs
+ Stomach~~Accident, Suicide, Homicide~~

Reported by

Dr J E Benson

Address

Ficksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9-12 Feb 12

Age

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

2.



Name In Full

Certificate of Death

Name *Wm Smith*
 Died at *Cham* ^{Town} *Balls* ^{County} *MARYLAND*
 Date 19 *02* ^{Month} *Feb* ^{Day} *15* Age *77* ^{Y.} *7* ^{M.} *2* ^{D.} *md* ^{Native of} *Sailor* ^{Occupation}
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living *3*

Husband
of
Wife

Father's
Name

Mother's

Maiden Name

Cause of { Primary
 Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jas R Stephens

557

Died at ^{Town} Rosedale ^{County} Balto

MARYLAND

Date 189 ^{Month} Feb ^{Day} 12 ^Y 3 ^M ^D ^{Native of} U S ^{Occupation} none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's Name *Jas R Stephens* Mother's Name *Sarah Shaffer*Cause of ^{Primary} *Pneumonia* How long sickDeath ^{Immediate} *Meningitis* Accident, Suicide, HomicideReported by *Jed F N Co. & J. J. Ford*Address *Gardenville Md* 93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Camp Chapel

Name in Full

Certificate of Death

Geo. H. Stetter

549

Died at

Town

Hylandtown

County

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

189

2

9

Age

30

Baltimore

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. H. Stetter

Mother's

Name

Annie Stetter

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

How long sick

2 days

Accident, Suicide, Homicide

Reported by

E. W. Janning

Address

804 Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from W. Sanders & son

of Swartz Creek

Name in Full

Certificate of Death

(Infant) (Still Born)

Town Granite County Bath

Died at Granite Month Feb Day 7 Age Still Born Native of MARYLAND Occupation

Date 1902 Male White Married Never Divorced

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of

Wife

Father's Name Jas. C. Fagant Mother's Maiden Name Ida Burhman

Cause of Death { Primary Premature Placenta Detachment How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



5664

Michael Freutlein

Town

County

Died at

Centon

Baltimore

MARYLAND

Date 19

02

Month Day

2 28

Age

Y. M. D.

10 4 23

Native of

Germany

Occupation

Shoemaker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Catherine Freutlein

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Valvular Disease Heart

How long sick

4 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. N. Otter, M.D.

M.D.

Address

2. Wilson St. No.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Cross Church

Name in Full

Certificate of Death

Elizabeth Upton

Died at

New Town
Pawcatuck County
Bartman

MARYLAND

Date

1902 July 6

Month

Day

Y.

M.

D.

Native of

Occupation

Age 76

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of John W. Upton

Wife of John W. Upton

Father's Name Etzler

Mother's Name Etzler

Cause of Primary Pelvic Carcinoma

Death Immediate Asthenia

How long sick 10 weeks

Accident, Suicide, Homicide

Reported by J. W. Munroe M.D.

Address Dickerville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

Burial at Mt Olive Rockdale
Baltimore Md

Name in Full

Certificate of Death

James Cary Thomas Watkins

~~Roland Park~~ ~~Baltimore~~

Died at

Roland Park

County

Baltimore C.

MARYLAND

Date 1902

Month

Feb

Day

8

Age

Y.

27

M.

3

D.

6

Native of

Baltimore

Occupation

Secretary

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Frank D. Watkins

Mother's

Maiden Name

Lyon

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

1 year 5 mos 20 days

Accident, Suicide, Homicide

Reported by

Rich Henry Thomas, M.D.

Address

1718 John St

Baltimore -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



William H. Whitehill

Town

County

Died at St Agnes Sanitarium Balto Co MARYLAND

Date 1902 2 26 Age 19 yrs Balto Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rebecca S. Wilkins

Died at ^{Town} St Agnes ^{County} Hospital MARYLAND

Date 19 02 ^{Month} Feb. ^{Day} 18th Age 52 ^{Y.} ^{M.} ^{D.} Native of Virginia Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Coloured~~ Singla Widower Number of children living

Husband of
 Wife
 Father's Name Mother's Name 93
 Maiden Name

Cause of { Primary Lobar Pneumonia How long sick Four days
 Death { Immediate Cardiac failure Accident, Suicida, Homicida

Reported by Warren K. Freeseh MD
 Address St Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Louisa Wilson

Town

County

Died at Catonsville Balto.

MARYLAND

Date 1902 Feb. 9th Age 32 - 0 - 0 Native of Maryland Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Single~~ ~~Number of children living~~

Female ~~Colored~~ Single ~~Widow~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Name

How long sick

Primary

Immediate

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name *Chara Young*
 Died at *St. Agnes Hospital* *Baltimore* *MARYLAND*
 Town *Baltimore* County *Baltimore*
 Date 19*02* *Feb. 27* Month *2* Day *27* Y. *63* M. *63* D. *63*
 Native of *Baltimore* Occupation *None*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of
Wife

Father's Name

Mother's

Maiden Name

Cause of Death { Primary *Pulmonary tuberculosis* How long sick *in hospital 5 hrs.*
 { Immediate *Aschemia* Accident, Suicide, Homicide

Reported by *Warren St. French, M.D.*
 Address *St. Agnes Hospital*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

White

~~Colored~~

Married

~~Single~~

Widow

~~Widower~~~~Divorced~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79999

A. Josephs
F.L. #91